

ture about the child, but for a long period I have experienced the utility of wrapping around the neck, without tightening it, a light woollen comforter having its meshes very widely knitted. By this contrivance, the air, before it reaches the trachea, becomes sufficiently warmed. When the canula becomes obstructed, the inner canula should be removed and cleansed, instead of thrusting sponges into it, which may only increase the obstruction. When it is deemed proper to cleanse out the trachea, only the most delicate whalebones must be employed. When indurated concretions form, both canulæ should be removed and the patient encouraged to expel them by coughing. I have never removed the canula before the tenth day, but M. Trousseau has done so on the third or fourth. He advises us not to remove it suddenly, but for one, and then for several, hours daily.

Finally, let us observe that croup is so grave and so constantly mortal a disease, that we should frequently have recourse to this operation before it reaches its last stage. "While tracheotomy was almost always a powerless weapon in my hands," says M. Trousseau, "I always recommended its performance as late as possible; but now I have met with numerous instances of success. I always say it should be performed as early as possible, as soon in fact as no other chance of success remains." Of 136 children operated upon, M. T. has saved the lives of 32; and, without being so fortunate as that practitioner, in 36 cases I have met with four successful ones—a success sufficiently great for us to lay it down as a law that we should interfere rather than allow the infant inevitably to die.—*Med. Chirurg. Rev.*, July, from *Gazette des Hôpitaux*, Nos. 48 and 52, 1846.

46. *Partial Amputation of the Foot*.—DR. GEOCHEGAN narrated to the Surgical Society of Ireland, (Dec., 1846), an instance of partial amputation of the foot according to the method of Chopart,* and exhibited casts representing the condition of the member six weeks and six months after the operation. The subject of the procedure was a man aged about 30, previously healthy, who had sustained a severe injury of the foot, lacerating the soft parts through their entire thickness, and fracturing the metatarsal bones less than an inch behind their distal extremities. By employing the internal projection of the os scaphoides as a guiding point, no difficulty was encountered in reaching the articulations to be opened, the dorsal incision commencing about an inch in front of the most anterior part of the internal malleolus, and carried transversely to the outer margin of the foot. The flap formed from the sole was as long as the state of the soft parts would permit, and furnished a full covering for exposed surfaces of the calcis and astragalus, the encrusted cartilages of which were carefully removed. In addition to the anterior tibial, no less than six arteries in the sole of the foot demanded ligature. The cure proceeded favourably; the ligature of the anterior tibial artery came away on the seventh day; the cicatrization, however, of that part of the wound which corresponded to the anterior articular surface of the astragalus was somewhat slow, and a small portion of the integument of the upper margin of the wound ulcerated. During the progress of the case a small abscess formed above the internal malleolus. When the wound had advanced towards closure, a swelling, covered by red integument and simulating an abscess, appeared above its centre; as some of its characters were dubious, it was cautiously explored by a grooved needle, and *synovia* discharged. This swelling, which appears to have been formed by the closure (inferiorly) of the tendinous thecæ, still remains.

The patient wears a low-heeled boot, and exhibits but slight lameness, walking easily with the aid of a stick. Dr. G. observed, that the traction of the heel was by no means considerable, the pressure when in the erect posture being sustained altogether by the sole of the foot, commencing at a point about two inches anterior to the extremity of the heel. The retraction (as shown by the casts) evinces no tendency to increase, but on the contrary has rather diminished, thus indicating, in conjunction with other published cases, that the preponderant action of the gastrocnemius, &c., over the extensor muscles, is not such in degree as to constitute any valid objection to the method of Chopart. It should be also borne in mind, that the extensors, ultimately acquiring new attachments, resume no inconsiderable amount of their original power. In cases like the present, the boot may

* Read before the Surgical Society of Ireland, Dec., 1846.

be furnished with an iron plate in the sole, and the heel of both boots should be low. Especial care should be also taken to prevent any pressure on that part of the cicatrix corresponding to the anterior articular surface of the astragalus, the latter being from its situation but slightly covered by soft parts. The formation of the inferior flap *previous to the opening of the articulation* (as practised by Mr. Syme) does not appear to possess any advantage that may not be secured by obvious precautions in the employment of the ordinary method.

Chopart's procedure seems to commend itself by its simplicity, as preferable to the operose and more painful method of Hey, which, although it saves to some an additional inch of the member, has not been shown to furnish a more useful stump.

It appears that in some of the later amputations, the difficulties of disarticulation in the tarso-metatarsal joints have been overcome, or rather evaded, by the employment of the saw, irrespective of the articular surfaces. This method seems to have proved satisfactory, although obviously open to theoretical objection.—*Dublin Med. Press*, Feb. 3d, 1847.

47. *Report of a Committee of the Surgical Society of Ireland, relative to the use and effects of Sulphuric Ether.*—A committee, consisting of Dr. Macdonnell, Dr. Bellingham, and Mr. Tuffnell, having been appointed by the Council of the Surgical Society to conduct some experiments with the vapour of sulphuric ether at the last meeting of the society, Mr. Tuffnell proceeded to read a report of the phenomena exhibited on that occasion, and the remarks of the committee upon the use of this agent:—

CASE I.—Mr. John Halahan, ætat. 19, healthy, but of rather delicate nervous temperament, inhaled (having his head and limbs held, and nose compressed), for two minutes, during which time the pulse fell from 130 to 44 beats in the minute, and after removing the apparatus from the mouth, rose to 108, remaining steadily at this point after restoration to consciousness.

On the ether taking effect, a profuse cold sweat burst out upon the forehead, gradually appearing from the period of insensibility, and increasing during recovery.

The apparatus having been removed from his mouth, he remained for nearly two minutes perfectly still and tranquil; the respiration not hurried; the pupil slightly dilated; eyes open and fixed; conjunctiva not much congested, and exhibiting no sign of having otherwise suffered from the experiment.

After this period he slowly flexed and extended all his limbs, the countenance at the same time being contorted, and expressive of *amazement, hesitation*, and *doubt*, but not of pain.

He was forcibly pinched during the whole period, but until the elapse of one minute and thirty-five seconds, he did not take any notice of this fact, though on restoration to consciousness, his first attention was directed to this infliction of pain.

He recovered slowly, giving the following description of his feelings from the first moment of inhaling:—

“12, Stephen's-green, January 21, 1847.

“SIR—In compliance with your wish, I beg leave to send you the following account of the effects of the sulphuric ether on me. While inhaling it, I experienced no particular sensation, except that of great difficulty of breathing. I could not avoid coughing three or four times. I remember having extended my legs, and stretched out my hands, once or twice, just before I was fully under its influence. I think, however, that by a strong effort, I could have prevented myself doing this. I have no recollection of the tube having been taken from my mouth, and did not distinguish between the time when about to be, and when I was completely under the influence of the ether. While under its influence, I believed that I was dreaming, but thought that I knew I was: what was occurring in reality appeared to be in the dream. I thought I had made myself appear very ridiculous by being so conspicuous. I heard many observations made by the gentlemen about me; but felt nothing the whole time. I saw all the gentlemen directly before me; they appeared to be looking fixedly at me. I observed that one of them, whom I knew, turned round and spoke to some one behind him. I afterwards ascertained he had done so. During the whole time I thought I heard a